

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026743

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1926

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Florissant</b>		c. CITY OR TOWN <b>Florissant</b>	
Length of stay in 1b <b>69 yrs.</b>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>12425 Old Jamestown Rd.</b>		d. STREET ADDRESS (If outside, give location) <b>12245 Old Jamestown Rd.</b>	
Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>ROSE POGGEMOELLER</b>		4. DATE OF DEATH Month <b>June</b> Day <b>13</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-14-1893</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	
11. BIRTHPLACE (City and state or country) <b>St. Louis County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Louis Kamp</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Olheide</b>	
14. NAME OF HUSBAND OR WIFE <b>Alvin</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	
16. INFORMANT <b>Alvin Poggemoeller, 12245 Old Jamestown Rd., Florissant, Mo.</b>		17. ADDRESS <b>12245 Old Jamestown Rd., Florissant, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Hyper Tension</b> DUE TO (b) <b>INSTANT</b> DUE TO (c) <b>years</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>none</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>none</b>			
20c. TIME OF INJURY Hour <b>12:30 a.m.</b> Month, Day, Year <b>June 13/63</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>	
20f. CITY, TOWN, OR LOCATION <b>St. Louis Co., Mo.</b>		20g. COUNTY <b>St. Louis Co., Mo.</b>	
20h. STATE <b>Mo.</b>			
21. I attended the deceased from <b>1950</b> to <b>June 13/63</b> last saw her alive on <b>June 12-63</b> Death occurred at <b>12:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> (Degree or title)		22b. ADDRESS <b>6704 W. Florissant</b>	
22c. DATE SIGNED <b>6/14/63</b>			
23a. BURIAL - CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-15-63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Salem Ev. Lutheran Cem.</b>		23d. LOCATION (City, town, or county) <b>St. Louis Co., Mo.</b>	
24. FUNERAL DIRECTOR <b>The Florissant Mortuary, Florissant, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-14-63</b>	
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>			

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Gene A. Hutchins*

Licensed Embalmer No. 4966

P. O. Address Florissant, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.